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## ARE YOU A HUMAN BEING OR A HUMAN DOING? THE ROLE FOR MINDFULNESS IN OUR LIVES

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*“To cure sometimes, to relieve often, to comfort always.”* I referenced this quote attributed to Hippocrates in a humanities journal in my medical school application in 1995. The sentiment that I was entering a profession of unfailing caring and compassion resonated with me. And while it's still at the core of what I do, our modern-day expectations of physicians include the need to be conscientious experts, unfailingly dedicated, immediately available and responsive, altruistic, and professional under all circumstances. Most of us attempt to accomplish this through a combination of well-honed multitasking skills, discipline, and delayed gratification. Unfortunately, a lot of us also fail at one point or another, wreaking havoc on our personal well-being, relationships, and in our duties as caregivers. Compassion fatigue, burnout and vicarious trauma are some of the terms used to describe what we experience as medical professionals. The barrage of stimuli bombarding us, the misperception that we can multitask well and that our thinking always represents reality inhibits us from being truly present to the moment. While we are capable of focused attention, most days we function as human *doings* instead of human *beings* rushing around from one activity, one page, one phone call, one inbox alert to the next, all the while missing out on some of the more important and sustaining details of this life.

Empirical data corroborate anecdotal experiences. Thirty to sixty percent of practicing physicians meet the criteria for burnout over their careers.<sup>1,2</sup> In a study of an internal medicine program, 76% of residents met the criteria for burnout; these trainees were significantly more likely to self-report suboptimal patient care (53% versus 21%).<sup>3</sup>

So how do we retain compassionate competency while maintaining self-care? Various wellness programs geared towards the medical profession have been initiated in the past decade. As a group however, we are notorious and paradoxically not adept at seeking help until we are on the precipice of the proverbial

cliff. How can we do better? How can we promote wholeness outside of the usual suggestions of exercise, vacations, an evening out with friends, which may happen infrequently or outside of our 10-12 hour work days? Mindfulness may be a key.

Mindfulness refers to the act of bringing our awareness and attention back to the *present* moment over and over again with a *nonjudgmental* and *compassionate* lens towards ourselves and others. It is a way of being – indeed how we would all strive to live every waking moment. The formalization of the concept goes back thousands of years to Buddhist tradition but it is not limited to the spiritual realm. Our inherent capacity as thinking beings constantly pulls us into the future and past. While there is undoubted benefit to learning from the past and preparing for the future all too often “mind chatter” infringes on the potential productivity and joy of the living here and now. Through mindfulness we may reach our full potential as compassionate beings, be more accepting of what is, and to live without the added drama of our minds.

There is a growing body of research that demonstrates how mindfulness may be a key to our ultimate success as physicians and as human beings.<sup>4,5,6</sup> Data related to medical education and practice have emerged. Dr. Hassed has incorporated mindfulness training in the undergraduate curriculum at Monash University in Australia. 90.5% of the students applied strategies learned through the program including mindfulness and subsequently improved their personal and professional lives. Well-being was improved on all measures and there was a reduction in depression, hostility, and anxiety.<sup>7</sup> Primary care physicians enrolled in a CME course in mindfulness demonstrated improvement in burnout, empathy, total mood disturbance and personality.<sup>8</sup>

While being mindful is immediately accessible by all, indeed, it is an inherent human quality, it is nonetheless one of the hardest things to embody on a regular basis. Formal practices that support its cultivation such as meditation and an awareness of its attitudinal foundations are therefore central to successful long-term application. Ideally this learning would begin in childhood; some primary school educators are starting to recognize this. Medical faculties in Canada are increasingly offering courses on mindful practice. As of 2015, McGill University's Faculty of Medicine has incorporated a course on Mindful Medical Practice as part of the curriculum offered to all 2<sup>nd</sup> year students. At the University of Ottawa's Faculty of Medicine, a longitudinal curriculum in mindfulness embedded in the core curriculum was launched in 2014.

Through a careful and considerate cultivation of mindfulness we may manage to live more compassionately for our patients, our colleagues, our loved ones, and ourselves. Incorporating formal (e.g., walking meditation, yoga) and informal practices (e.g., awareness of body sensations, thoughts, and feelings during a routine activity such as driving) that cultivate awareness throughout the day may enable us to function as whole people more consistently. At work we may take a minute in a stressful situation to become grounded by focusing on our breath, observing our thoughts without become

embroiled in their drama. We can focus on pleasurable activities as well, such as eating and walking in nature. The link between burnout and adverse patient outcomes makes education on sustaining well-being a priority. There are multiple tools to support this goal. Mindfulness can be considered to be one of them.

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## REFERENCES

1. Shanafelt TD, Sloan JA, Habermann TM. The well-being of physicians. *Am J Med.* 2003;114(6):513-9.
2. Shanafelt TD, Boone S, Tan L. et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Int Med.* 2012;172(18):1377-85.
3. Shanafelt TD, Bradley KA, Wipf JE, Back AL. Burnout and self-reported patient care in an internal medicine residency program. *Ann Intern Med.* 2002;136(5):358-67.
4. Goyal M, Singh S, Sibinga EMS, Gould NF, Rowland-Seymour A, Sharma R, Berger Z, Sleicher D, Maron DD, Shihab HM, Ranasinghe PD, Linn S, Saha S, Bass EB, Haythornthwaite JA. Meditation programs for psychological stress and well-being. A systematic review and meta-analysis. *JAMA Intern Med.* 2014;174(3):357-68.
5. Kabat-Zinn J. Full catastrophe living: using the wisdom of your body and mind to face stress, pain, and illness. Revised edition. New York: Bantam Books; 2013.
6. Beach MC, Roter D, Korthuis PT, Epstein RM, Sharp V, Ratanawongsa N, Cohn J, Eggly S, Sankar A, Moore RD, Saha S. A multicenter study of physician mindfulness and health care quality. *Ann Fam Med.* 2013;11(5):421-8.
7. Hassed C, de Lisle S, Sullivan G, Pier C. Enhancing the health of medical students: outcomes of an integrated mindfulness and lifestyle program. *Adv Health Sci Educ Theory Pract.* 2009;14(3):387-98.
8. Krasner MS, Epstein RM, Beckman H, Suchman AL, Chapman B, Mooney CJ, Quill TE. Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *JAMA.* 2009;302(12):1284-93.